

Exhibit P

CONFIDENTIAL – SUBJECT TO PROTECTIVE ORDER
Computer Access Request Form

To send completed forms: File, Send To, Mail Recipient (as attachment) enter computer.access@ridgeviewmedical.org as e-mail address.
 Type the employees' name in the subject line.

PERSONAL DATA			
Last Name:		First Name:	
		Middle Initial:	
Job Title:		Report To:	
Home Depart/School/Co:			
Office location:		Phone #/Ext:	
RMC Employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		Working at RMC: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Working Remote: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> New <input type="checkbox"/> Depart. Transfer <input type="checkbox"/> Modify <input type="checkbox"/> Terminated – Retain Employee email & personal work files until:			
Start Date:		Term/Expire Date:	
		All temporary access must have an expiration date, not to exceed 6 months from start date	
ACCESS INFORMATION			
Login ID:		Employee # if RMC employee, if not MIS will assign Login ID	
Password:		Per Policy #3223, must be a minimum of 8 characters, must contain 3 out of the 4 character group – Upper case, lower case, numbers, Non-alphabetic characters and can't contain your first or last name	
ALLOW-REDUCE ACCESS TO: (check all that apply)			
<input type="checkbox"/> Domain-Network	<input type="checkbox"/> MPF – McKesson Patient Folder	<input type="checkbox"/> Paragon Med Admin	<input type="checkbox"/> Progres – Home Care
<input type="checkbox"/> Internet (Ridgenet)	<input type="checkbox"/> check the level of access that applies	<input type="checkbox"/> Paragon Medical Records	<input type="checkbox"/> SSO Imprivata
<input type="checkbox"/> Outlook-Email	<input type="checkbox"/> Nurse <input type="checkbox"/> HUC <input type="checkbox"/> Coder	<input type="checkbox"/> Paragon Medical Records Transcription	<input type="checkbox"/> T-Systems
<input type="checkbox"/> E3 <input type="checkbox"/> E1 <input type="checkbox"/> None	<input type="checkbox"/> MD <input type="checkbox"/> Clinic <input type="checkbox"/> Rehab	<input type="checkbox"/> Paragon Operative Room Mgr	Login ID:
<input type="checkbox"/> 3M Coder – HIS/PFS	<input type="checkbox"/> McKesson BB System	<input type="checkbox"/> Paragon Order Management	<input type="checkbox"/> TruCode
<input type="checkbox"/> Accudose	<input type="checkbox"/> McKesson Laboratory	<input type="checkbox"/> Paragon Patient Inquiry	<input type="checkbox"/> Webstation for Executive
<input type="checkbox"/> AllScripts	<input type="checkbox"/> MIIC Registry	<input type="checkbox"/> Paragon Patient Management	<input type="checkbox"/> Webstation for Forms
<input type="checkbox"/> EHR <input type="checkbox"/> PM <input type="checkbox"/> Scanning	<input type="checkbox"/> Midas	<input type="checkbox"/> Paragon Payroll	<input type="checkbox"/> Webstation for Physicians
<input type="checkbox"/> On line Training	<input type="checkbox"/> OBIX	<input type="checkbox"/> Paragon Pharmacy	<input type="checkbox"/> Wellsoft
<input type="checkbox"/> CQS <input type="checkbox"/> MU Reporting	<input type="checkbox"/> Optio Medex/FastFlow	<input type="checkbox"/> Paragon Receivables Admin	<input type="checkbox"/> Wosyst
<input type="checkbox"/> Brightree - HME	<input type="checkbox"/> Power Path Pathology	<input type="checkbox"/> Paragon Radiology	<input type="checkbox"/> Volunteer Works
<input type="checkbox"/> Clinical Access (Space Labs)	<input type="checkbox"/> Paragon Application Security	<input type="checkbox"/> Paragon Reference Masters	
<input type="checkbox"/> CPSI	<input type="checkbox"/> Paragon Clinical Care Station	<input type="checkbox"/> Paragon Registration	Training Provider Role:
Login ID:	<input type="checkbox"/> Paragon Downtime Registration	<input type="checkbox"/> Paragon Statistical Reporting	<input type="checkbox"/> Track 1 Full Paragon
<input type="checkbox"/> Crib Notes	<input type="checkbox"/> ** Accts Payable	<input type="checkbox"/> Paragon Resource Scheduling	<input type="checkbox"/> Track 2 Intro Paragon
<input type="checkbox"/> Dragon Medical 360	<input type="checkbox"/> ** General Ledger	<input type="checkbox"/> RRS Group 1	<input type="checkbox"/> Track 3 Intro/CPOE
<input type="checkbox"/> EC2000 Claims Administrator	<input type="checkbox"/> ** Paragon Fixed Assets	<input type="checkbox"/> RRS Group 2	<input type="checkbox"/> Track 4 Intro/CPOE/Med Rec
<input type="checkbox"/> FM Systems	<input type="checkbox"/> Paragon Job Stream	<input type="checkbox"/> RRS Group 3	<input type="checkbox"/> Track 5 None
<input type="checkbox"/> Fusion	<input type="checkbox"/> ** Paragon Materials	<input type="checkbox"/> Pathways Compliance Advisor	<input type="checkbox"/> Track 6 AllScripts
<input type="checkbox"/> IMAC's Contract Management	<input type="checkbox"/> MM1- full access	<input type="checkbox"/> PAC's (HMI)	<input type="checkbox"/> Track 7 AllScripts/Paragon
<input type="checkbox"/> Intellidose	<input type="checkbox"/> MM2 – Req & PO	<input type="checkbox"/> ProValon MD	<input type="checkbox"/> Track 8 Full Para/AS intro
<input type="checkbox"/> MBF – McKesson Business Folder	<input type="checkbox"/> MM3 – Req only	<input type="checkbox"/> Pyramis	<input type="checkbox"/> Track 9 ED
	<input type="checkbox"/> MM4 – Facilities	<input type="checkbox"/> Policy/Tech – AD group	
<input type="checkbox"/> Two Factor – Remote PC Access: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email address (non RMC)			
MDM Access – refer to Policy #10106			
Shared Folders/Network Drives:			
Other Applications:			
** Must be approved by Director before permission is given			
SIGNATURE			
VP/Director/Manager:		Date:	Phone:

I understand that by typing my name above and sending this Computer Access Request Form to MIS, I have given my permission for access to applications selected above.

MIS Use and Approval	
Date received in MIS:	
HIS Director approval:	Date:
Materials Director approval:	Date:
Application Security Completed by:	Date:
Application Security Completed by:	Date:
NT, E-mail, etc Completed by:	Date:

RMC000958